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The Truth About Vasectomy Reversal

By Edward Karpman, M.D.

One of the biggest misconceptions both patients and physicians alike have is that a vasectomy is not reversible. This is not true. In fact, vasectomy reversal is the most cost-effective method of getting pregnant after a vasectomy.

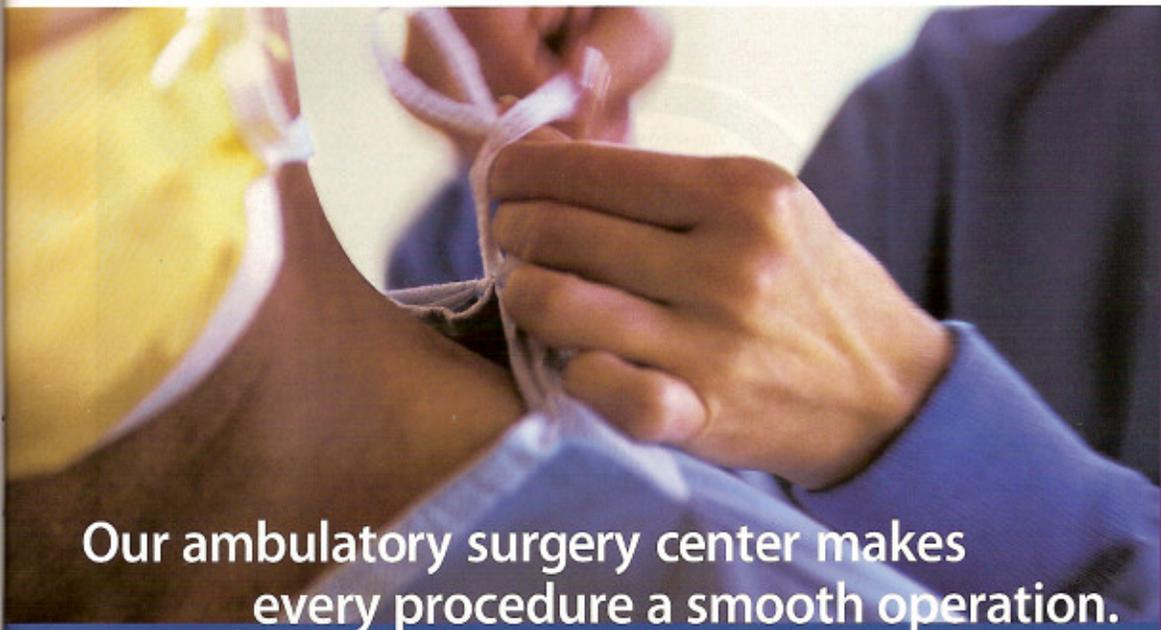
There are approximately 500,000 vasectomies performed annually in the United States and approximately 5% of patients will change their mind and decide that they want to have more children after a vasectomy. This amounts to approximately 25,000 men annually. The most common reason for wanting a vasectomy reversal is divorce and remarriage. The new couple desires to start a family of their own and wants the vasectomy reversed. Other less common

reasons include the desire to have more children in the same relationship, death of a child and pain after a vasectomy. With the changing patterns of fatherhood we are seeing in our society, more men are having children later in life and vasectomy reversal has been growing in popularity.

Another big misconception about vasectomy reversal is that the success of the procedure declines with increasing time from the vasectomy procedure. Consequently, many men do not seek consultation from a vasectomy reversal specialist. The truth of the matter is that the success of vasectomy reversal is dependent upon the specialist identifying the need for the appropriate procedure.

There are two ways that a vasectomy can be reversed, vasovasostomy and epididymovasostomy. Historically, surgeons performed the standard vasovasostomy, but did not perform the more complicated epididymovasostomy. The chances of requiring an epididymovasostomy do increase with increasing time from vasectomy. The success of the procedure will decay with the obstructive interval if only vasovasostomy is performed on a routine basis. At the California Vasectomy & Reversal Center the success of vasovasostomy and epididymovasostomy is 96% and 75%, respectively, regardless of the time of the obstructive interval.

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MICROSURGICAL VASECTOMY REVERSAL

The operating microscope has revolutionized surgery for male reproductive disorders including vasectomy reversal. The vas deferens is approximately 2-3 mm in external diameter with a luminal diameter of 1 mm, the size of a piece of spaghetti with a small inner opening. This small size requires a powerful operating microscope to visualize the edges of the vas deferens and to reapproximate it in two to three separate layers. Additionally, this small vas deferens size requires microsurgical suture half the size of a human hair, virtually invisible to the naked eye.

Microsurgical vasectomy reversal was first pioneered in the 1970s. Using a powerful operating microscope that visualizes the vas deferens at a magnification 25 times the normal size allows for precise anastomosis of such a small tube. Many urologists still perform vasectomy reversal only using loupe magnification (2.5 times) despite numerous publications showing higher success rates using the operative microscope.

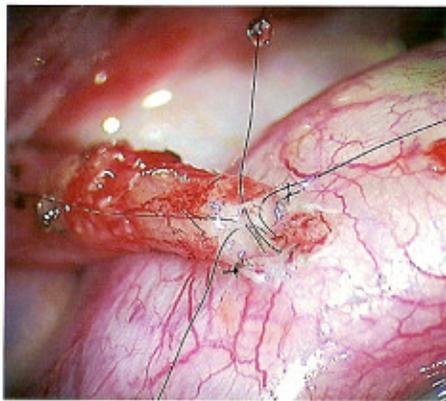
VASOVASOSTOMY

Vasovasostomy is the reconnection of the vas deferens at the previous vasectomy site. This procedure reconnects the vas deferens end to end using 10-0 nylon suture on the inner layer and 9-0 nylon suture on the outer layer. This is the procedure of choice when sperm are

identified in the fluid from the testicular end of the vas deferens at the time of surgery. Precise realignment of the vas deferens using the finest nonreactive suture is essential for the long-term success of the procedure. Using larger diameter suture can partially occlude the vasal lumen, resulting in failure, long-term scarring of the vas deferens and resultant decreased pregnancy rates.

EPIDIDYMOVASOSTOMY

Epididymovasostomy is the connection of the vas deferens directly to a single tubule on the epididymis. This surgery is required when no sperm are identified in the testicular vas deferens. The absence of sperm from the fluid represents the development of a secondary obstruction upstream from the vasectomy site. Epididymovasostomy is considered one of the most technically challenging operations in urology. It requires the same fine microsurgical suture as vasovasostomy.



VASECTOMY REVERSAL RECOVERY

Many patients think that their vasectomy-reversal surgery experience will be similar to their vasectomy, in and out in 20 minutes. On the contrary, vasectomy reversal is much more involved. The procedure usually takes three hours and requires a slightly larger scrotal incision than was required for vasectomy.

Nevertheless, vasectomy reversal is an

outpatient procedure performed under a general anesthetic in an ambulatory surgery center. Our experience at the El Camino Surgery Center has streamlined the complete stay to just around five hours including surgery time. General anesthesia is important because it allows the patient to remain completely still during the procedure. The slightest movement is exaggerated when using an operative microscope.

Patients are ambulatory after surgery and are encouraged to remain so at home. Patients usually are allowed to return to work in about five days if they have a sedentary job. Patients are asked to refrain from sexual intercourse and any strenuous or physical activity for two weeks. Routine sexual intercourse is encouraged after the initial two-week period.

CONCLUSION

Microsurgical vasectomy reversal is the most cost-effective method of having a baby after a vasectomy. Microsurgical techniques and the finest microsurgical suture are essential for the highest chances of success. The leading reproductive society, the American Society of Reproductive Medicine, has issued practice guidelines stating that since it is seldom possible to determine preoperatively if epididymovasostomy will be required in a man undergoing a vasectomy reversal, only surgeons skilled in both epididymovasostomy and vasovasostomy should perform vasectomy reversal. The California Vasectomy & Reversal Center is run by a fellowship-trained microsurgeon who guarantees to meet the guidelines established by the nations leading reproductive society.

Dr. Karpman is one of the few urologists in Northern California fellowship trained to perform vasectomy reversal. He may be reached at California Vasectomy & Reversal Center, 2490 Hospital Drive, Suite 210, Mountain View, CA 94040 or at (650) 962-4662. Visit www.californiavasectomyreversal.com for more information. ■

